

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40613

1. PLACE OF DEATH

County Henry
Township Wilcox
City Wilcox (No. 311)

Registration District No. 311
Primary Registration District No. 311

File No. 311
Registered No. 311
St. Mo. Ward 311

2. FULL NAME

(a) Residence, No. 311
(Usual place of abode)

St. Mo. Ward 311

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or wife of) Morrison Huff (General)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 10 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gaming
10. Date deceased last worked at this occupation (month and year) Jan. 1893 11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME Paxton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gen.

MOTHER 15. MAIDEN NAME Gen.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gen.

17. INFORMANT C. W. Huff (ADDRESS) Henry Mo.

18. BURIAL, CREMATION, OR REMOVAL buried (PLACE) Gen. DATE 12/8 1931

19. UNDERTAKER John G. Phillips (ADDRESS) Gen.

20. FILED 12/3 1931 C. W. Huff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1931

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1931 to Nov. 30 1931
I last saw her alive on Nov 30 1931 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
92A 92B
Other contributory causes of importance: Abdominal Dropsy

Name of operation: None Date of None
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None 1931
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) C. W. Huff
(Address) Henry Mo.

Dr. C. H. Bullock